


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90114 045 \*\*\*150.00

**DOCUMENT # 475124**  
 1. Entity Name  
**OLIVE BRANCH GROVE, INC.**



Principal Place of Business  
**3297 CR 664  
 BOWLING GREEN FL 33834  
 US**

Mailing Address  
**3297 CR 664  
 BOWLING GREEN FL 33834  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1194**  
 Suite, Apt. #, etc.

City & State  
**BOWLING GREEN, FL**

City & State  
**BOWLING GREEN, FL**

Zip  
**33834**

Country  
**HARDEE**



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1619272** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOEGERLE, JANE  
 2241 RISING CREEK CT  
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
 Name **MOEGERLE, JANE**  
 Street Address (P.O. Box Number is Not Acceptable) **237 PELICAN DR. N.**  
 City **OLDSMAR, FL** Zip Code **34677**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS             |  |
|--|--|
| TITLE<br>VD                            | <input type="checkbox"/> Delete            |
| NAME<br>MOEGERLE, JANE S               |  |
| STREET ADDRESS<br>2241 RISING CREEK CT |  |
| CITY-ST-ZIP<br>DUNEDIN FL 34698        |  |
| TITLE<br>STD                           | <input type="checkbox"/> Delete            |
| NAME<br>HERRON, CLAUDEENE              |  |
| STREET ADDRESS<br>3297 CR 664          |  |
| CITY-ST-ZIP<br>BOWLING GREEN FL 33834  |  |
| TITLE<br>PD                            | <input type="checkbox"/> Delete            |
| NAME<br>SMITH, JOSEPH F                |  |
| STREET ADDRESS<br>3205 CR 664          |  |
| CITY-ST-ZIP<br>BOWLING GREEN FL        |  |
| TITLE<br>D                             | <input type="checkbox"/> Delete            |
| NAME<br>MOEGERLE, GEREN C              |  |
| STREET ADDRESS<br>2241 RISING CREEK CT |  |
| CITY-ST-ZIP<br>DUNEDIN FL 34698        |  |
| TITLE<br>D                             | <input type="checkbox"/> Delete            |
| NAME<br>HERRON, COHEN                  |  |
| STREET ADDRESS<br>3297 CR 664          |  |
| CITY-ST-ZIP<br>BOWLING GREEN FL        |  |
| TITLE<br>D                             | <input checked="" type="checkbox"/> Delete |
| NAME<br>SMITH, JOSEPHENE               |  |
| STREET ADDRESS<br>3205 CR 664          |  |
| CITY-ST-ZIP<br>BOWLING GREEN FL        |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>VD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>MOEGERLE, JANE S.                             |  |
| STREET ADDRESS<br>237 PELICAN DR. N.                  |  |
| CITY-ST-ZIP<br>OLDSMAR, FL 34677                      |  |
| TITLE<br>STD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>HERRON, CLAUDEENE                             |  |
| STREET ADDRESS<br>P.O. BOX 1194                       |  |
| CITY-ST-ZIP<br>BOWLING GREEN, FL 33834                |  |
| TITLE<br>D  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>MOEGERLE, GEREN C.                            |  |
| STREET ADDRESS<br>237 PELICAN DR. N.                  |  |
| CITY-ST-ZIP<br>OLDSMAR, FL 34677                      |  |
| TITLE<br>D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>HERRON, COHEN                                 |  |
| STREET ADDRESS<br>P.O. BOX 1194                       |  |
| CITY-ST-ZIP<br>BOWLING GREEN, FL 33834                |  |
| TITLE<br>D  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudeene Herron **Claudeene Herron (STD)** 4-1-05 863-767-0371  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #